



**Society for Women Development and Empowerment of
Nigeria (SWODEN)**

Annual Programmatic Report 2015

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2015

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Acronyms:

- AIDS Acquire Immune Deficiency Syndrome
- FHI family Health International
- HIV Human Immunodeficiency Virus
- HTC HIV/AIDS Testing and Counselling
- LGA Local Government Area
- OVC Orphan and Vulnerable Children
- PLWHA People Living With HIV/AIDS
- SWODEN Society for Women Development and Empowerment of Nigeria

THEMATIC AREA**1.1 PROJECT SUMMARY**

SWODEN in collaboration with the FHI 360 project has been implementing the project titled: Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS). The SIDHAS project is being implemented nationwide with Jigawa State as one of the selected states, and will take place at all levels of the health system. The project seeks to provide quality HIV/AIDS services and to build the capacity of the public and private sectors in Jigawa State to provide these services in a sustainable manner. With the ever present support of the state government SWODEN have been able to perform its assignment of providing services to both the PLHIVs and OVCs. SWODEN and the selected CVs have received various capacity building skills from the able fhi 360 technical staffs which have enabled them to develop and follow cost-efficient strategies for providing sustainable access to anti-retroviral Treatment (ART).

Using the work plan as a guide SWODEN carries out the listed activities on a monthly basis.

1.2 SIDHAS Strategic focus Areas:

- (1) Advocacy and community mobilization
- (2) Building capacity of policy makers, OVC, caregivers and service providers to ensure delivery of quality services
- (3) Service provision
- (4) Strengthening partnerships, linkages and service referrals
- (5) Continuous Quality Improvement

1.3 ADVOCACY

For maximum support SWODEN carried out some advocacy visits principally for sustainability and ownership to the policy makers at all levels in the state and also to the members of the general public being that the SIDHAS project is in its last lap of implementation. The stake holders include community leaders like traditional rulers, religious leaders, community and district heads, youth, educators and schools, CBO's, local and national NGO's, social and political organizations, government offices and other groups of influence sustainability and ownership.

1.4 TRAININGS

In the course of the year SWODEN carried out series of trainings to increase participants/community volunteers knowledge on HIV/AIDS issues, develop participants/community volunteers skills in creating awareness for the available services within the community by conducting community outreach activities, referrals and linkages to appropriate service areas. This method also activated the residual knowledge of learners, create an environment more conducive to learning and encourage the participants/community volunteers to get involved fully.

1.5 HIV/AIDS TESTING AND COUNSELING

Working with the facilities in the respective LGAs SWODEN with the help of its community volunteers created more awareness on the need for everyone to get tested and as a result more and more people were referred to the facility for HTC to ensure complete documentation. The awareness for was more of a house to house thing. During the house to house visits members are given all the necessary information about HIV/AIDS there by enabling them to make informed decision concerning their HIV status.

1.6 REFERRALS AND LINKAGES

Clients, OVCs and caregivers are being referred to places where they can access appropriate services. These services ranges from SWODEN also engage in both referrals and linkages of clients, OVCs and caregivers in other to access the available services based on their needs. Referrals also include reasonable follow-up efforts to ensure the person goes to where he/she is referred and gets the service he/she requires.

1.8 COMMUNITY VOLUNTEERS MEETING

SWODEN during the community volunteers meeting uses the medium to educate, inform and build the capacity of the CVs so that they will perform well in the SIDHAS activities which include among others raising awareness of HIV/AIDS, promoting positive behavior change and reducing the stigma and discrimination associated with HIV/AIDS, providing services to OVCs and caregivers.

1.9 COMMUNITY MOBILIZATION AND SENSITIZATION

In order to limit the spread of HIV/AIDS, SWODEN organized series of community mobilization and sensitization activities in several rural communities on health promotion activities to encourage and help sustain behavioral change that reduce the risk of acquiring or transmitting the virus, During this activities the most relevant educational session and materials and to deliver information that is meaningful and

useful to your intended audience. Without proper assessment and relevant approach, AIDS prevention messages will not reach their intended target.

2.0 HOME BASED CARE

For PLWHA, the home based care is being carried out by members of the support group. During this activity, clients whose condition have become serious and needs help in whatever ways; they are being taken care of SWODEN with the help of some of the support group members carry out Home Based Care for PLWHA within their own homes and communities to help them live healthier and positive lives. HBC relies on the participation of families, communities, and health facilities.

2.2 CAREGIVERS FORUM

During the caregivers' forum SWODEN meets with the respective caregivers of the enrolled OVCs, during this meeting care givers use the time to discuss their experiences, challenges and possible solution in the proper and better home management techniques. The meeting is also an avenue for caregivers gain more information in providing care and support for PLHIV, prepare healthy food, prevent the spread of HIV, and to cope with difficult situations. SWODEN in collaboration with fhi 360 were able to train caregivers on various skills and thereby grouping them in forming Savings and Loans associations with 25 caregivers in each of these groups.

2.3 CLIENT TRACKING

Working with the support groups SWODEN was able to carry out its client tracking mandate by bringing all hands on deck, unlike the previous year were by it was done a select few from the support group, SWODEN now uses all the members since these defaulters also reside in the communities.

2.4 KIDS CLUB

The monthly kids club conducted at various communities in the respective LGAs brings children most especially OVCs between the ages of 2 to 17years. The children uses the opportunity to make new friends, participate in various activities like singing and dancing, games, storytelling, jokes, football and lots more. Also during the kids club there is always a session on personal hygiene and health education where the children are given basic information concerning HIV/AIDS. Counselling in groups and for individuals (Caregivers are also provided with PSS through monthly caregivers' forum). Spiritual support is also provided through referrals.

Education

SWODEN was able to carry out advocacy to State Universal Basic Education board (SUBEB) and PTA for waivers of school fees and levies of enrolled OVCs. There was also provision of school materials e.g. chalks, dusters, desks, and chairs in exchange of waiver of levies for Orphans and Vulnerable children. Educational materials like books, biros, text books, pencils etc were also provided to the Orphans and Vulnerable children based on CSI. To ensure the wellbeing of OVCs SWODEN appointed one focal person guidance and counselling.

CHILD PROTECTION COMMITTEE

CPC is made up of stakeholders, policy makers at LGA which includes: community leader, parent-teacher association, law enforcement agencies, women group leader, youth leader (OVC), religious leader and any other relevant key persons Formation of Child protection committee (CPC): Made up of people from their community ensuring OVCs receive better protection from abuse, neglect and exploitation.

LEGAL PROTECTION

SWODEN also ensured that OVCs are issued birth certificate by collaborating with the National Population Commission within the state. Taking a step further SWODEN conducted a sensitization meeting at the LGA level to TBAs and CHWs on birth registration.

Shelter and Care services

- Most appropriate place for shelter and care for Orphans and Vulnerable children is within their own families and communities
- In case of crisis, CBO should trace existing relatives and integrate children into the community through social and recreational centres for short term shelter and refer to social welfare for long term shelter
- CBO should support access to legal services to enable vulnerable children maintain their homes and properties

Nutritional support

SWODEN assess the nutritional status of OVCs by measuring their MUAC using the Shakir strip, malnourished OVCs are provided with MIMAGROWS while OVCs that are severely malnourished are referred to the health facilities. SWODEN also provides nutritional counselling and food demonstration for OVC Caregivers. We train community volunteers on nutrition and use of local food ingredients at household level to provide support to families and caregivers in improving nutrition at all levels not as a stand-alone intervention. We provide intervention to decrease maternal and child mortality through facilitating the following

- Exclusive breastfeeding
- Routine immunization
- Growth monitoring
- Personal and environmental hygiene
- Water sanitation

Health Care for OVC in the Community

For health care services SWODEN ensures that all enrolled OVCs:

- Counseled and tested for HIV
- Provided with health education
- Provided with basic care kits – buckets, water guard & insecticide treated nets for HIV + ve children
- Managed at home for minor illnesses
- Referred to facility for Immunisation for under 5
- Assessed for Growth monitoring
- De-wormed every 6 month
- Referred for other health services
- Nutritional support – multivitamins, plummy nuts, nutritional counselling, food demonstration

SUPPORT GROUP MEETINGS SWODEN in the course of the year participated in all the support group meetings which take place in all the concerned LGAs. One of SWODEN responsibility was to ensure that the members of the support group were taken through the chronic care checklist and to also ensure that there is a functional referral system within the support group. Also during the support group meeting the members encourages themselves on the need for total adherence to their medication.

2.5 THE IMPACT OF THE PROJECT ON THE COMMUNITY

The SIDHAS project has recorded the following success

- **Empowering of Caregivers:** SWODEN in collaboration with fhi 360 was able to train 60 care givers in IGA. These activities include extraction of oil from groundnut. The making of liquid soap, pomade and beads making. It was a 3 day training, after which the caregivers were all given start up grants which include the Sheller and the extractor for those that were trained on the extraction of oil, and raw materials for making liquid soap, beads and pomade.

- **Increased Awareness on HIV/AIDS:** people have been properly informed on issues concerning HIV/AIDS such as transmission, prevention, HTC, and myths have been corrected.
- **Increased Turnout for HTC:** We have seen an improvement in the turnout of members of the community coming out to know their HIV status as a result of them being gaining the right information during the community mobilization and sensitization. Also the FSW are starting to have a change of attitude in regards to HTC.
- **Reduction of stigmatization:** As a result of involving the gate keepers in matters concerning HIV/AIDS, there has been a remarkable reduction of stigmatization of PLWHA in the communities where we have been working.
- **PLHIV are well taken care of:** some of the client that has been defaulting due to various reasons in their medication have been located and put back on treatment.
- **Plan for OVC:** we have been able to plan for children who are orphaned. Work with orphans to arrange training and IGA for older children and school for younger OVC help secure food, housing and clothing for some of them.

2.6 CHALLENGES

- So much areas to cover in regards to the SIDHAS project with very little fund
- Work need to be done on the behavior change of some of the communities

2.7 CONCLUSION

As funding from donor is virtually coming to an end there is every need for the government, private sector, business men and women and philanthropist to fill this gap so that the work that has been done for several years will not be washed down the drain.

2.8 National VC Annual Summary October 2014 to December 2015

Find attached with the report

Picture of events

Kids clubs in Dutse, Hadejia, Kazaure, B/kudu, Ringim and Jahun



Caregiver Empowerment Training

Beads making



Groundnut Oil making





Pomade making



Liquid Soap Making





Child Protection Committee meetings



Educational support

Educational material support





School Base Management Committee (SBMC) Meetings



Support group Meetings (PLHIV)

Hadankai Support Group Dutse and Sarduna Support Group Birnin Kudu

